SOCIETY OF UNIFORMED SERVICES PSYCHIATRISTS

CONTINUING MEDICAL EDUCATION COMMITTEE

www.susp-psych.org

START HERE!

Every three years the ABPN requires that you complete a PIP module to demonstrate that you are assessing the quality of your patient care, applying best practices to improve your care (if needed) and monitoring your efforts. They do not require actual improvement, just evidence that you are attempting to keep up to date and that you are monitoring outcomes. PIP monitoring can be accomplished in two ways: through clinical chart review (PIP-C) or feedback from patients/peers (PIP-F). This guide will only focus on clinical monitoring. More information can be found here:

http://www.abpn.com/wp-content/uploads/2015/05/PIP-Handout.pdf

More specifically, this guide will provide you with instructions on how to submit your PIP-C along with sample projects that have been pre-reviewed by the ABPN, indicating that they are likely to be approved. These sample PIP-C projects have been designed for three disorders that are relevant in military mental health: Major Depressive Disorder (MDD), Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD). The methods for assessing and tracking outcomes are based on current requirements for military outpatient mental health clinics. Many of your clinics are utilizing the BHDP, which may make such chart reviews quite efficient. The best practices recommended are all from the VA/DoD Mental Health Practice Guidelines:

MDD (2016): http://www.healthquality.va.gov/guidelines/MH/mdd/
PTSD (2010 – being updated): http://www.healthquality.va.gov/guidelines/MH/ptsd/
SUD (2015): http://www.healthquality.va.gov/guidelines/MH/sud/

SUSP does not have the authority to provide its own treatment guidelines/recommendations, and is using these treatment guidelines as a defensible option. For some of the more outdated guidelines (PTSD) new evidence exists and we will incorporate this evidence once the new guidelines are made available.

LET'S GET STARTED!

STEP 1: Pick a diagnosis (MDD, PTSD, SUD) that you would like to review.

STEP 2: Open the corresponding form (located at the end of this document)
MDD: PIP-C DoD Form (MDD)
PTSD: PIP-C DoD Form (PTSD)
SUD: PIP-C DoD Form (SUD)

STEP 3: Put your name, email and ABPN Number at the top of the form from Step 2. Submit a pdf version to questions@abpn.com for individual preapproval.

STEP 4: Review the four metrics in 5 of your patient charts. This is where you could use the BHDP. You may note that for MDD and PTSD the metrics are the total score (PHQ-9 and PCL-M, respectively) along with sub-scores. This was done so if your intervention would directly impact something specific (sleep, nightmares, energy) it would be easier to track. Record these scores (No PII) and date of the review.

STEP 5: If you see an area that you think could be improved, implement an improvement. We've listed a variety of potential improvements you could make using the VA/DoD Treatment Guidelines in the document titled PIP-C IMPROVEMENT OPTIONS (see below). If you don't see something applicable please feel free to use another one. Cut and paste whatever you chose into that first word document.

STEP 6: Within 24 months of your first review, review another 5 of your own patients. How did it go? Record these new scores along with the date. Keep this record for your files – just in case the ABPN wants evidence of your project results. **That's it – you're done!**

PIP-C IMPROVEMENT OPTIONS

SUSP does not have the authority to provide its own treatment guidelines/recommendations, and is using these treatment guidelines as a defensible option. For some of the more outdated guidelines (PTSD) new evidence exists and we will incorporate this evidence once the new guidelines are made available.

SUBSTANCE USE DISORDERS:

The guidance provided below comes from the VA/DoD Treatment Guideline:
http://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGProviderSummaryRevised22216.pdf
We have broken the guidelines into three sections: general guidance, algorithms and specific recommendations. The guide has many more recommendations. You could incorporate any of them in your PIP-C.

GENERAL GUIDANCE TO CONSIDER

Engagement

- Indicate to the patient and significant others that treatment is more effective than no treatment
- Use a motivational interviewing style and emphasize common elements of effective interventions
- Emphasize predictors of successful outcomes
- Use strategies effective in promoting involvement in group mutual help programs
- Coordinate evidence-based interventions for co-occurring conditions
- Provide intervention in the least restrictive setting necessary for safety and effectiveness
- Re-engage patients who drop out of treatment
- Maintain motivational interviewing style of interactions, emphasizing future treatment options for patients currently unwilling to engage in addictions-focused care

Addiction-Focused Medical Management

- Monitor self-reported use, laboratory markers, and consequences
- Monitor adherence, response to treatment, and adverse effects
- Educate about alcohol use disorder (AUD) and opioid use disorder (OUD) consequences and treatments
- Encourage to abstain from illicit opioids and other addictive substances
- Encourage to attend community supports for recovery (e.g., Alcoholics Anonymous [AA], Narcotics Anonymous [NA], Self-Management and Recovery Training [SMART] Recovery) and make lifestyle changes that support recovery

SPECIFIC TREATMENT ALGORITHMS

Screening and Treatment (page 7 in VA/DoD SUD Treatment Guideline)
Stabilization (page 8 in VA/DoD SUD Treatment Guideline)

SPECIFIC RECOMMENDATIONS

See pages 9-13 in VA/DoD SUD Treatment Guideline

MAJOR DEPRESSIVE DISORDER:

The guidance provided below comes from the VA/DoD Treatment Guideline: http://www.healthquality.va.gov/guidelines/MH/mdd/MDDCPGClinicianSummaryFINAL41816.pdf. We have broken the guidelines into three sections: Individualization of treatment, psychotherapy and pharmacotherapy. The actual guide has many more recommendations. You could incorporate any of them in your PIP-C.

INDIVIDUALIZATION OF TREATMENT

Ensure that treatment planning includes patient education about the condition and treatment options, including risks and benefits.

PSYCHOTHERAPY:

Start one of the following as first-line treatment for uncomplicated mild to moderate MDD:

- Acceptance and commitment therapy (ACT)
- Behavioral therapy/behavioral activation (BT/BA)
- Cognitive behavioral therapy (CBT)
- Interpersonal therapy (IPT)
- Mindfulness-based cognitive therapy (MBCT)
- Problem-solving therapy (PST)

PHARMACOTHERAPY

Start one of the following as first-line treatment for uncomplicated mild to moderate MDD:

- Selective serotonin reuptake inhibitor (except fluvoxamine) (SSRIs)
- Serotonin–norepinephrine reuptake inhibitor (SNRIs)
- Mirtazapine
- Bupropion

POST-TRAUMATIC STRESS DISORDER:

The guidance provided below comes from the VA/DoD Treatment Guideline:
http://www.healthquality.va.gov/guidelines/MH/ptsd/CPGSummaryFINALMgmtofPTSDfinal021413.pdf
We have broken the guidelines into three sections: psychotherapy, pharmacotherapy and management of sleep disturbances. The whole guide has more on alternative treatments and somatic interventions. You could incorporate something from any section in your PIP-C.

PSYCHOTHERAPY (p 42)

Initiate Trauma Focused Therapy

"Trauma-focused psychotherapies for PTSD refer to a broad range of psychological interventions based on learning theory, cognitive theory, emotional processing theory, fear-conditioning models, and other theories. They include a variety of techniques most commonly involving exposure and/or cognitive restructuring (e.g., Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Eye Movement Desensitization and Reprocessing (EMDR)"

Initiate Stress Inoculation (SIT)

"SIT, which was developed originally for anxiety disorders and then modified for rape victims and later for PTSD, has been extensively studied in the treatment of PTSD. It has also been compared head-to head with trauma-focused psychotherapies, and has been shown to be effective in assisting individuals with reducing trauma-related avoidance, anxiety, and cognitions, and there is good evidence that it is equivalent in efficacy to the trauma-focused psychotherapies."

PHARMACOTHERAPY (p 46)

General Guidelines

- Risks and benefits of long-term pharmacotherapy should be discussed prior to starting medication and should be a continued discussion item during treatment.
- Monotherapy therapeutic trial should be optimized before proceeding to subsequent strategies by monitoring outcomes, maximizing dosage (medication or psychotherapy), and allowing sufficient response time (for at least 8 weeks). [C]
- If there is some response and patient is tolerating the drug, continue for at least another 4 weeks.
- If the drug is not tolerated, discontinue the current agent and switch to another effective medication.
- If no improvement is observed at 8 weeks consider: a. Increasing the dose of the initial drug to maximum tolerated b. Discontinuing the current agent and switching to another effective medication
- Recommend assessment of adherence to medication at each visit.
- Recommend assessment of side effects and management to minimize or alleviate adverse effects.
- Assess for treatment burden (e.g., medication adverse effects, attending appointments) after initiating or changing treatment when the patient is non-adherent to treatment or when the patient is not responding to treatment.

Clinical Chart Module Review Form

Name: _____ ABPN ID#: _____

Email Address: _____

Category (check one):

☑ Diagnosis Major Depressive Disorder

☐ Treatment setting _____

☐ Type of treatment _____

☐ Other (describe) _____

Published best practice, practice guidelines or peer-based standards of care to be used:

VA/DoD Clinical Practice Guidelines for the Management of MDD, 2016

Quality measures to be reviewed (minimum of 4):

1. PHQ-9 (Total Score)
2. PHQ-9 (Item 3): Sleep
3. PHQ-9 (Item 4): Energy
4. PHQ-9 (Item 7): Concentration
5. _____
6. _____
7. _____
8. _____

The Clinical Module must be completed in three steps:

Step A: Initial assessment of five patient charts: Collect data from at least five of your own patient charts in a specific category (diagnosis, type of treatment, or treatment setting) obtained from your practice over the previous three-year period. Compare the data from the five patient cases with published best practices, practice guidelines, or peer-based standards of care (e.g., hospital QI programs, standard practice guidelines published by specialty societies), using a minimum of four quality measures.

Step B: Identify and implement improvement: Based on results from chart reviews, develop and carry out a plan to improve effectiveness and/or efficiency of your medical practice. If no areas for improvement are determined based on initial assessment, then maintenance of performance in medical practice should be reassessed in Step C

Step C: Reassessment of five patient charts: Within 24 months of initial assessment, collect data from another fi ve of your own patient charts (may use same or different patients). Use the same category and practice guidelines for the initial assessment and reassessment steps.

Clinical Chart Module Review Form

Name: _____ ABPN ID#: _____

Email Address: _____

Category (check one):

☑ Diagnosis Post-traumatic Stress Disorder

☐ Treatment setting _____

☐ Type of treatment _____

☐ Other (describe) _____

Published best practice, practice guidelines or peer-based standards of care to be used:

VA/DoD Clinical Practice Guidelines for the Management of PTSD, 2010 (Currently being updated)

Quality measures to be reviewed (minimum of 4):

1. PCL-5 (Total Score)
2. PCL-5 (Items 1-5): Intrusions
3. PCL-5 (Item 6-7): Avoidance
4. PCL-5 (Item 8-14): Neg Feelings
5. PCL-5 (Items 15-20): Reactivity
6. PCL - 5 (Items 2 & 20): NM/Sleep
7. _____
8. _____

The Clinical Module must be completed in three steps:

Step A: Initial assessment of five patient charts: Collect data from at least five of your own patient charts in a specific category (diagnosis, type of treatment, or treatment setting) obtained from your practice over the previous three-year period. Compare the data from the five patient cases with published best practices, practice guidelines, or peer-based standards of care (e.g., hospital QI programs, standard practice guidelines published by specialty societies), using a minimum of four quality measures.

Step B: Identify and implement improvement: Based on results from chart reviews, develop and carry out a plan to improve effectiveness and/or efficiency of your medical practice. If no areas for improvement are determined based on initial assessment, then maintenance of performance in medical practice should be reassessed in Step C

Step C: Reassessment of five patient charts: Within 24 months of initial assessment, collect data from another fi ve of your own patient charts (may use same or different patients). Use the same category and practice guidelines for the initial assessment and reassessment steps.

Clinical Chart Module Review Form

Name: _____ ABPN ID#: _____

Email Address: _____

Category (check one):

☑ Diagnosis Substance Use Disorder

☐ Treatment setting _____

☐ Type of treatment _____

☐ Other (describe) _____

Published best practice, practice guidelines or peer-based standards of care to be used:

VA/DoD Clinical Practice Guidelines for the Management of SUD 2015

Quality measures to be reviewed (minimum of 4):

1. AUDIT-C (Total Score)
2. CRAFFT (Total Score)
3. GAD-7 (Total Score)
4. ASAP/ADAPT/NADAP Completion %
5. AA/NA Participation (%)
6. Days without relapse
7. _____
8. _____

The Clinical Module must be completed in three steps:

Step A: Initial assessment of five patient charts: Collect data from at least five of your own patient charts in a specific category (diagnosis, type of treatment, or treatment setting) obtained from your practice over the previous three-year period. Compare the data from the five patient cases with published best practices, practice guidelines, or peer-based standards of care (e.g., hospital QI programs, standard practice guidelines published by specialty societies), using a minimum of four quality measures.

Step B: Identify and implement improvement: Based on results from chart reviews, develop and carry out a plan to improve effectiveness and/or efficiency of your medical practice. If no areas for improvement are determined based on initial assessment, then maintenance of performance in medical practice should be reassessed in Step C

Step C: Reassessment of five patient charts: Within 24 months of initial assessment, collect data from another fi ve of your own patient charts (may use same or different patients). Use the same category and practice guidelines for the initial assessment and reassessment steps.